

How do I apply for a Food Service Permit?

Submit a copy of the Certificate of Occupancy (C.O.) for intended use.

New Operations - Provide a floor plan and request an appointment for plan review.

Submit this Food Service Application to the Health Division.

Provide a copy of your Food Safety Manager Certification or evidence of application.

Pay the proper fees and schedule an initial inspection.

**BOSTON INSPECTIONAL SERVICES DEPARTMENT****DIVISION OF HEALTH INSPECTIONS****1010 MASSACHUSETTS AVE.****BOSTON, MA 02118****Tel (617) 635-5326 Fax (617) 635-5388****FOR BOARD OF HEALTH USE ONLY**Date ReceivedDate InspectedApproved ByPermit # IssuedFee**Food Establishment Permit Application****1) Establishment Name:****2) Establishment Address:****3) Establishment Mailing Address (if different):****4) Establishment Telephone No:****5) Applicant Name and Title:****6) Applicant Address:****7) Applicant Telephone No:****8) Owner Name and Title (if different from applicant):****9) Owner Address (if different from applicant):****10) Establishment Owned By:**

- ☐ An association
☐ A corporation
☐ An individual
☐ A partnership
☐ Other Legal entity _____

11) If a corporation or partnership, give name, title and home address of officers or partners:Name: Title: Address:**12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)**

Name & Title :

Address:

Telephone No:

Fax:

Emergency Telephone No:

13) District Or Regional Supervisor (if applicable)

Name & Title :

Address:

Telephone No:

Fax:

14) Source of Water	15) Rubbish Disposal Co.					
Sewage Disposal	Rendering Co. (For Grease)					
16) Days and Hours of Operation:			17) No. of Food Employees			
18) Name of Person In Charge Certified in Food Protection Management:						
Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate.						
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No						
20) Location: <i>(check one)</i> <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile Reg.#: Base of Operation:		21) Establishment Type (<i>check all that apply</i>) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Retail (sq.ft) <input type="checkbox"/> Food Service (Seats) <input type="checkbox"/> Food Service-Takeout <input type="checkbox"/> Food Service-Institution (Meals/Day) (Beds) </div> <div> <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Estab. <input type="checkbox"/> Frozen Dessert Manufacturer </div> </div> Other (Describe): 				
22) Length of Permit: <i>(check one)</i> <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates <input type="checkbox"/> Temporary/Dates/Time						
23) Food Operations: <i>(check all that apply):</i>		Definitions: PHF-potentially hazardous food (time/temperatures controls required) Non-PHF's-non-potentially hazardous food (no time/temperature controls required) RTE-ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)				
<input type="checkbox"/> Commercially Pre-Packaged Non-PHF's		<input type="checkbox"/> PHF Cooked To Order		<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service		
<input type="checkbox"/> Commercially Pre-Packaged PHFs		<input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service				
<input type="checkbox"/> Preparation of Non-PHFs		<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer		<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility		
<input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours		<input type="checkbox"/> Customer Self-Service				
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only		<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale		<input type="checkbox"/> Vacuum Packaging/Cook Chill <input type="checkbox"/> Use Of Process Requiring a Variance and/or HAACP Plan		
<input type="checkbox"/> Delivers Food Within 1 Hour of Preparation		<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale				
Other (Describe): 		<input type="checkbox"/> Offers RTE PHF in Bulk Quantities		<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service		
		<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food				
I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal 1999 Food Code.						
24) Signature of Applicant: _____						
Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I , to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.						
25) Social Security Number or Ferederal ID: _____						
26) Signature of Individual or Corporate Name: _____						

